

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/980,534

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	IND.	DEP.	IND.	IND.	DEP.	IND.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.										
1	1						51									
2		1					52									
3		12					53									
4		13					54									
5		14					55									
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36		45					86									
37		46					87									
38		47					88									
39		48					89									
40		49					90									
41		50					91									
TOTAL IND.	4						92									
TOTAL DEP.	9						93									
TOTAL CLAIMS	13						94									
							95									
							96									
							97									
							98									
							99									
							100									
TOTAL IND.																
TOTAL DEP.																
TOTAL CLAIMS																

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